



HEALTH PROFILE: PHILIPPINES

HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	9,000 (low-high estimates 3,000-18,000)
Total Population (July 2004 estimate)	86.24 million
Adult HIV Prevalence (end 2003)	<0.1%
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and their clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	<0.1%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	—

Sources: UNAIDS, U.S. Census Bureau

Since the first case of AIDS in the Philippines was reported in 1984, the documented HIV/AIDS epidemic has progressed slowly. At the end of 2003, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization estimated that 9,000 individuals were living with HIV/AIDS in the Philippines.

According to the Philippine Department of Health, as of March 2005, 2,250 HIV infections had been reported; of these, 680 individuals (30%) were reported to have AIDS. Of the total AIDS cases, 263 (38%) had already died from AIDS-related illness. Of the total HIV and AIDS cases, 1,416 were men (69%). The predominant mode of transmission was heterosexual contact (1,388), followed by male-to-male sexual relations (389) and bisexual contact (118). Mother-to-child transmission accounted for 33 infections, blood/blood products for 19, and injecting drug use for 6. Of the reported cases, 33% (745) were overseas workers. It should be noted, however, that HIV antibody testing is systematically conducted among overseas Filipino workers as part of the employment requirements of the employer and/or the host country. Surveillance data indicate that HIV seroprevalence among vulnerable populations is less than 1%. The national adult HIV prevalence remains under 0.1%.

Low HIV prevalence in the Philippines has been attributed to a number of factors, including male circumcision, which is associated with reduced prevalence of infection; a culture of sexual conservatism; a geography with no land borders; a relatively low number of foreign tourists; and low levels of injecting drug use, although this practice increasingly poses a problem. Nonetheless, there is the potential for a rapid increase in new infections because of the following factors:

- The country's thriving sex industry
- High rates of sexually transmitted infections (STIs) in both vulnerable subpopulations and the general population
- Inadequate access to STI treatment and poor health-seeking behavior
- Instances of casual sex among young people

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by forming and energizing local AIDS councils, some of which are NGO-led and some of which are piloted by the government.

In 1994, the International HIV/AIDS Alliance set up, and PNAC funded, the Philippines NGO Support Program (PHANSuP) as part of a multidonor pilot project to channel funds and technical support to local NGOs. The program, which remains very active, has a strong youth focus. PHANSuP pioneers an annual youth camp for peer educators working on HIV/AIDS and reproductive health. This model has since been replicated in other countries in Southeast Asia. The International HIV/AIDS Alliance has also supported PHANSuP to strengthen HIV-prevention efforts with key populations, particularly with IDUs and men who have sex with men (MSM).

USAID SUPPORT

From 1993 to 2003, the U.S. Agency for International Development (USAID) AIDS Surveillance and Education Project (ASEP) has worked to prevent the spread of HIV in the Philippines. The Program for Appropriate Technology in Health (PATH), a USAID partner, administered ASEP's educational component in the Philippines' eight largest cities. PATH

- The emerging problem of injecting drug users (IDUs), a high percentage of which reportedly share injecting equipment
- Incorrect and inconsistent condom use

HIV prevention efforts are key to avoiding an explosion of new infections.

NATIONAL RESPONSE

Wary of the unfolding epidemic in neighboring Thailand in the late 1980s, the Philippines was quick to recognize its own sociocultural risks and vulnerabilities to HIV/AIDS. Early responses included the creation in 1992 of the Philippine National AIDS Council (PNAC), the country's highest HIV/AIDS policymaking body. Members of the council represent 17 national government agencies, including local governments and the two houses of Congress, seven nongovernmental organizations (NGOs), and an association of people living with HIV/AIDS.

The centerpiece of the national response to HIV/AIDS is the enactment of the Philippine AIDS Prevention and Control Act of 1998 (Republic Act 8504), a model for HIV/AIDS-related human rights legislation. The entire process has been hailed as a "best practice." This law prohibits mandatory testing for HIV; ensures the right to privacy of individuals living with HIV/AIDS; integrates HIV/AIDS education into school curricula; prohibits discrimination against people living with HIV/AIDS in the workplace and elsewhere; provides for basic health and social services for individuals living with HIV; and institutionalizes a nationwide HIV/AIDS surveillance, information, and educational program.

A multisectoral approach to HIV/AIDS has enabled HIV/AIDS education and services to be factored into almost every government department, including education, labor and employment, tourism, and foreign affairs. For example, the Trade Union Congress of the Philippines is now including HIV/AIDS in its collective bargaining agreements with private corporations. The National Council of Churches in the Philippines, in coordination with the PNAC, is initiating the integration of HIV/AIDS education into theology curricula.

Efforts have also been under way to localize the response to the epidemic

worked with communities to establish local AIDS councils, reactivate local child protection councils, advocate with local governments to support HIV/AIDS prevention activities, and encourage entertainment establishments to promote condom use. Ordinances creating local AIDS councils and mandating basic HIV prevention policies were passed in all eight ASEP cities. In several of the cities, the ordinances also mandated 100% condom use in registered establishments.

Annual behavioral surveys that monitor the impact of these activities indicate that condom use increased dramatically. Across all vulnerable populations and sites, survey respondents exposed to ASEP's work were more likely to have used a condom during their most recent sexual encounter with a commercial partner.

PATH and its partners also mobilized pro bono media placements valued at more than \$11 million and conducted mass media campaigns to increase public awareness of HIV/AIDS prevention.

Over the course of this 10-year project, capacity was strengthened among national and local government, local AIDS councils, private pharmacies, NGOs, and other partners that conduct effective HIV prevention and surveillance activities. PATH transitioned the responsibility for ASEP's education activities to these entities, which now build on the project's contributions to maintaining low HIV prevalence throughout the Philippines.

Since 1994, Family Health International, a USAID implementing partner, has worked to reduce sexually transmitted diseases by improving the national STI treatment guidelines.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is assisting with expansion of care and support services in 11 risk sites in four areas, and this work will significantly augment the efforts of key stakeholders in HIV/AIDS prevention and care in the Philippines. The intervention focuses on poor and marginalized populations where prevention is most needed—among sex workers, MSM, IDUs, and migrant workers—and also on people living with HIV/AIDS, where care and support interventions can make a difference. Activities include a social mobilization and advocacy campaign to key stakeholders; outreach and education activities, including condom promotion and a needles/syringe program; capacity building of service providers and vulnerable populations; and strengthening of monitoring and evaluation mechanisms to track progress in project implementation. This project runs from 2004 through 2008, and, by the end of that period, it is expected that HIV prevalence will not exceed 1% for the vulnerable focal populations, and that 40% of the estimated HIV-positive population will be receiving adequate support, care, and treatment.

For its 2002–2006 strategic plan for HIV activities in the Philippines, USAID is assisting the Government of the Philippines in ensuring that interventions are implemented and sustained. This means developing plans for local governmental units to absorb and direct future prevention activities. So far, the national government and a number of local governments are funding HIV/AIDS prevention activities. Since 2003, HIV/AIDS activities have been supported through the Local Enhancement and Development for Health Project implemented by the Management Sciences for Health. This project continues to provide technical assistance in strengthening the national HIV/AIDS surveillance system and assists in building the capacity of local government units in HIV prevention, counseling, and testing.

IMPORTANT LINKS AND CONTACTS

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Tel: 632-552-9800/9900, Fax: 632-552-9999

Website: <http://www.usaid-ph.gov/>

USAID HIV/AIDS Website, Philippines:

http://www.usaid.gov/our_work/global_health/aids/Countries/ane/philippines.html

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For more information, see http://www.usaid.gov/our_work/global_health/aids